

## ***AFFIDAVIT OF ELIGIBILITY***

### **PUBLIC SERVICE COMMISSION - UNIVERSAL SERVICE FUND TELEMEDICINE EQUIPMENT PROGRAM**

Grant applicants must fill out **either** Section A or B, **and** Section C of this form. Applicants must sign and date the certification statement below. Please circle the accurate response for your organization.<sup>1</sup>

**A. For applicants that claim eligibility as a nonprofit medical clinic, hospital or facility (must meet all three requirements listed below):**

YES   NO   Applicant is a nonprofit organization governed by a board of directors.

YES   NO   Applicant serves federally designated health professional shortage areas as defined in 42 U.S.C. § 254e(a)(1) or medically underserved areas or medically underserved populations.

YES   NO   Applicant provides services to all patients regardless of insurance status or uses a sliding fee scale for uninsured patients based on income status.

**B. For applicants that claim eligibility as a public health agency (must meet one of the three requirements):**

YES   NO   Applicant is part of the Wisconsin Department of Health and Family Services.

YES   NO   Applicant is a local health department as defined in Wis. Stat. § 250.01(4).

YES   NO   Applicant is a health care facility or program operated by a tribe or tribal organization under the Indian Self-Determination Act (25 U.S.C. §§ 450f et seq.).

**C. For all applicants for the Telemedicine Equipment Grant Program:**

YES   NO   The applicant hereby certifies that any grant dollars from the Universal Service Fund Telemedicine Equipment Grant Program will be used for the purpose granted.

**I certify, under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of applicant representative

\_\_\_\_\_  
Name of applicant organization

\_\_\_\_\_  
Date

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<sup>1</sup> If applicant does not meet the conditions in Section A or B above, but asserts that it should nonetheless be considered eligible for the telemedicine equipment grant program, information supporting such a conclusion should be attached as part of this affidavit.